

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90010 037 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 524660

1. Corporation Name
TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.



Principal Place of Business 401-B S. INDIAN RIVER DRI P O BOX 1000 FT. PIERCE FL 34950	Mailing Address 401-B S. INDIAN RIVER DRI P O BOX 1000 FT. PIERCE FL 34950
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1977	
4. FEI Number 59-1718704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FEE, FRANK H III 401 A S. INDIAN RIVER DRIVE FT. PIERCE FL 34950		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

1. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD FEE, FRANK H. III 401A S. INDIAN RV. DR. FT. PIERCE FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	ST FEE, LEVAN N. 2821 S. INDIAN RIVER DR FT. PIERCE FL	<input type="checkbox"/> DELETE	1.2 NAME
REET ADDRESS	V BIDLE, BRENDA J 401B SO. INDIAN RIVER DR. FT. PIERCE FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
Y-ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		<input type="checkbox"/> DELETE	2.2 NAME
REET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
Y-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		<input type="checkbox"/> DELETE	3.2 NAME
REET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
Y-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		<input type="checkbox"/> DELETE	4.2 NAME
REET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
Y-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		<input type="checkbox"/> DELETE	5.2 NAME
REET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
Y-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
LE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		<input type="checkbox"/> DELETE	6.2 NAME
REET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
Y-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: July 2, 1999 DAYTIME PHONE #: 561-461-7190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)